

Health, Welfare, Public Service
000
-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. NO symptoms with or without cause listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 2 3 2 3 0
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 6115- Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Route # 2 Sikeston			c. CITY OR TOWN Sikeston		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route # 2			d. STREET ADDRESS (If outside, give location) Route # 2		
Length of stay in lb 6 Yrs.			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First THOMAS Middle JEFFERSON Last MYRICK			4. DATE OF DEATH Month June Day 14 Year 1957		
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH June 12, 1885		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		
11. BIRTHPLACE (City and state or country) Joy, Kentucky			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Thomas Jefferson Myrick			14. MOTHER'S MAIDEN NAME Lena Riley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 431 58 3007		
17. INFORMANT Mrs. Eva Myrick			Address Route 2, Sikeston, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1. Hemiplegia - Rt. 2. Hypertension, Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 28 days 3 yrs		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. Month Day Year Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION			COUNTY STATE		
21. I attended the deceased from 5-24-57 to 6-12-57 and last saw her alive on 6-13-57 Death occurred at 11:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Anders B. M.D.			22b. ADDRESS Sikeston, Missouri		
22c. DATE SIGNED 6-14-57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE June 16, 1957		
23c. NAME OF CEMETERY OR CREMATORY Garden Of Memories			23d. LOCATION (City, town, or county) (State) Sikeston, Missouri		
24. FUNERAL DIRECTOR Philip J. Cassidy Nunnelee Funeral Chapel Sikeston			25. DATE RECD. BY LOCAL REG. 6-15-57		
26. REGISTRAR'S SIGNATURE Mrs. Eva Hunter					

DATE RECEIVED JUN 17 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 657-121

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Philip J. Cassidy

Licensed Embalmer No. 46

P. O. Address Sikeston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.